The Regional Exchange session organised by INERELA+ Secretariat was held from 13 – 17 May 2019 at the Seasons Hotel in Nairobi, Kenya. **The list of participants and the Programme are detailed in Annex 1 and 2.**
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Executive Summary

The International Network of Religious Leaders Living With or Affected by HIV+ and AIDS (INERELA+) is an international, interfaith network of religious leaders – both lay and ordained, women and men – who are living with or personally affected by HIV and AIDS. The five regions that make up INERELA+ are: Americas, Asia/Pacific, Europe, Central Asia, and Africa. Currently there are 19 active networks, of which 16 are in Africa, operating at country level. INERELA+ looks to empower its members to use their positions within their faith communities in a way that breaks silence, challenges stigma and provides delivery of evidenced-based HIV prevention, care, and treatment services.

INERELA+ organized a 2 day workshop for programme officers, finance officers and national coordinators from the 12th -13th May 2019 in Nairobi aimed at providing an opportunity for the network to review, reflect and learn to different elements of its organizational and programing capabilities in the HIV and AIDS response. The meeting was attended by 8 INERELA+ country networks of Burundi, Ghana, DRC, Rwanda, Malawi, Zimbabwe, Zambia, and Nigeria. INERELA+ Kenya hosted the event.

As a learning event, the main process techniques for implementation was through the use of a mix of field based experiential and participatory adult learning techniques. These processes were undertaken over the two day period. The workshop was designed to explore different implementation dynamics, results and good practices, embracing and learning from success and mistakes, planning together and linking all this knowledge to action.
Background

The International Network of Religious Leaders Living With or Affected by HIV+ and AIDS (INERELA+) is an international, interfaith network of religious leaders – both lay and ordained, women and men – who are living with or personally affected by HIV & AIDS. The five regions that make up INERELA+ are: Americas, Asia/Pacific, Europe, Central Asia, and Africa. Currently there are 19 active networks, of which 16 are in Africa, operating at country level. The country networks operate in Peru, Burundi, Democratic Republic of Congo (DRC), Ethiopia, Guatemala, Ghana, India, Kenya, Madagascar, Malawi, Mozambique, Nigeria, Rwanda, Sierra Leone, South Africa, Tanzania, Uganda, Zambia and Zimbabwe.

INERELA+’s response to HIV & AIDS is premised on the fact that universally, it is recognized that RLs have a unique authority that enables them to play a central role in providing moral and ethical guidance within their communities. Indeed, the public opinions of RLs can influence entire nations. INERELA+ looks to empower its members to use their positions within their faith communities in a way that breaks silence, challenges stigma and provides delivery of evidenced-based HIV prevention, care, and treatment services.

Since its transition from ANARELA+ to INERELA+ in 2006, the INERELA+ networks have grown to encompass more and more members across the five regions. These members mobilize their respective faith communities to provide accurate information and other services to an estimated 2.5 million people around the world, helping to reduce HIV-related stigma, shame, discrimination, denial, inaction and mis-action (SSDDIM). By so doing, they contribute to reduction of new HIV infections as well as bringing dignity to vulnerable people, and consequently bringing peace and stability to homes and communities around the world.

The realization of the important role of religious leaders and the changing trends of HIV resulted in the shift of INERELA+’s focus – beyond the religious leaders – towards the flock in their spiritual care that are so dear to them. Subsequently, INERELA+ changed its mandate, to use its members to provide congregational response to the HIV epidemic, working alongside governments, other civil society organizations, development partners and other key stakeholders. Key to this new mandate is the provision of accurate and comprehensive information on HIV and AIDS, tackling stigma and discrimination, and acting as conduits for communities to access evidenced-based HIV prevention, care, and treatment services.

This shift, therefore requires critical reflection on the part of INERELA+ and its members – looking back and looking forward – and then tracing a sustainable path towards the future. The critical input to this reflection is the new strategic plan that envisions a society free of HIV related stigma and discrimination, with empowered, resilient religious leaders living with or personally affected by HIV and AIDS. The goal is to contribute to the increase in HIV testing and levels of disclosure; reduced HIV-related stigma and discrimination; reduced AIDS-related deaths and reduced human rights abuses, including gender-based violence among religious leaders living with and affected by HIV and their congregants, in Africa and the rest of the world.
Objectives of the capacity building workshop

Specifically, the purpose of the meeting was to:

- Provide a platform for dialogue, reflection and action to strengthen INERELA+ as an institution.
- Strengthen internal and external collaboration and learning among partners within and beyond the network
- Develop strategies for advocacy, M&E and resources mobilization to advance network goals

Approach and methodology

The methodology and approach in the program workshop was embedded in the premise that the workshop was also a learning event. The main process techniques for undertaking these were through the use of a mix of field based experiential and participatory adult learning techniques including country networks sharing the outcomes of their work with others. These processes were undertaken over the three day period. The workshop was designed to explore different implementation dynamics, results and good practices, embracing and learning from success and mistakes, planning together and linking all this knowledge to action.

DAY 2

Devotion

Dennis Mseu from MANERELA+ led the devotions with a prayer.

Introductions

The participants were given the opportunity to introduce themselves and their designations. Among the participants were KENERELA+ Board Members who had come to welcome participants from other country networks.
Expectations of participants - Here participants were given chance to express their views of what they expected out of the workshop and the expectations listed below were literally expressed by the participants themselves during the workshop.

- To share experiences and challenges
- To share on funding opportunities
- To be capacitated in a way that they will able to strengthen the network
- Cross-pollinate ideas with others
- Increase advocacy on stigma and discrimination
- To learn best practices from other countries and experiences
- Share challenges and learn from other country networks
- To share how we can work together as a network
- To learn new skills on how to tackle challenges and stigma
- To learn how to develop strategies

Welcome remarks from KENERELA+

Reverend Jane Ngángá and KENERLA+ Board Members welcomed the participants and wished them a pleasant stay in Kenya.

Opening Remarks

Official opening from the INERELA+ Executive Director
In her welcome address Rev Mabizela acknowledged the presence of all participants to the learning forum among them the national coordinators, finance officers and programme officers. She noted that INERELA+ is a big family, which has networks across Africa, Asia and Europe. Some Country Networks like Mozambique, Uganda, Sierra Leone, Tanzania were not invited to this meeting because of logistical challenges and challenges within the networks. She added that Funding is drying up in HIV & AIDS sector but that must not deter us from doing our work. It is now difficult to do our work from a faith perspective. Country Networks should do their work and the funding will come along the way. Remember our vision of the three zeros which we are struggling to achieve. Country Networks must be autonomous and should not rely solely on the Secretariat support. Some of the country networks are refusing to share their Audited Financial Statements hence most of our funders are regarding us as a regional network. Rev’d Mabizela pleaded with the country networks to share information with the Secretariat.

Programme Manager’s presentation

The official opening was followed by INERELA+ Programme Manager’s presentation. The programme manager Ms Munya Mandipaza noted that the focus of the funders is changing to LGBTI+Q, climate change and other areas hence country networks must improve their relationship with the Secretariat to lure more funding for the implementation of activities. She mentioned that country networks should improve on their reporting especially when the Secretariat is disbursing funding to them. Monitoring and Evaluation is now a very key issue when reporting, it’s now outcome-based reporting that the funders are seeking and it’s very vital for country networks to improve their M & E strategy.

Summary of key issues country networks are working on- Country networks presentations highlighted the key issues on what they have been working on in 2018.

Ghana – The key issues highlighted by the Ghana Network are as follows:

- Funding is a big challenge hence in order to implement the Secretariat needs to give us money.
- Partnerships with other like-minded NGOs for sustenance.
- M & E is key to project monitoring hence training somebody for that task or even the National Coordinator.
- Getting reports from remote areas is very difficult however, Dennis raised that it depends with the approach one uses to get the reports from the people involved in the implementation of the project for instance forming up a WhatsApp group to make reporting easy rather than travelling.

**SANERELA+**

- Support the Religious Leaders with cell phones so that they capture their activities for easy reporting.
- Train Country Networks in data collection methods.
- SANERELA+ secured funding from the Department of Health which enabled it to get an office space.
- In partnership with Teen Talk to engage teenagers living with HIV, GBV, teen pregnancy and parenting.
- Peer educators to be used to engage fellow peers on CSI & I issues.

**KENERELA+**

- Need for project documents to be availed to implementers
- Need for constant engagement between country networks and the secretariat
- There is need to develop a comprehensive indicator list in M & E to easy results based reporting
- Capacity development of report based M & E to understand what is required and see the impact of what is happening
- Developing a database so that we can update each other contribution toward the national response.
- Development of congregational reporting tools to ease reporting.
- To constantly report on country activities which shows existence to lure potential funders.
• Male engagement focusing on HIV testing for men and reached 7000 men.
• Engagement with the Ministry of education to curb teenage pregnancy.
• KENERELA+ has a new highly professional board and is planning to re-launch the network.

**NINERELA+**

• Creating an online platform for meetings and country networks to learn from each other
• Sharing of project documents for the countries which are implementing a certain project.
• Empowering religious leaders and congregations to address critical health issues.
• Supporting the national response against infectious diseases.
• Formed partnerships with the government and other partners
• CHESS-Advocates running in 20 congregations in two states (Benue and Kaduna)
• The CHESS-Advocates hold monthly engagement independently with little or no support from the secretariat
• The CHESS-Advocates are working in peace building to douse the inter-religious conflict in Kaduna state
• The model enjoys buy-in of the religious leaders (Muslims and Christians)
• Media dialogue on gender justice
• Building capacity of faith leaders and congregations on advocacy in health and gender
• Multi-Stakeholders dialogue on Stigma, discrimination, Sexual and Gender based Violence
• On-going radio/TV program on Faith and Health
• Research on mitigation and instigation influences of faith on poor health seeking behavior and gender injustice
ZANERELA+

- Weak institutional systems e.g., no bank account.
- Collaborating with other organisations for sustenance.
- INERELA+ Board to provide a solution on contractual obligations.
- Proposes learning exchange visits to learn from successful country networks.
- Invest in communication first for strengthening the network.
- Collaborating with Informative and Affirmative Ministries and House of Rainbow on issues related to LGBTIQ+.

MANERELA

- Relying wholly on the Secretariat it’s a non-starter.
- Working out on how best to make the network relevant at national level.
- Attending different forums enabled MANERELA+ to increase its capacity on resource mobilisation.
- INERELA+ to have standard indicators that speaks to regional indicators.
- To develop tolls relevant to the indicators to easy data collection.
- The network is conducting routine viral load test to monitor the viral load.
- Advocacy at national through partnerships with like-minded organisations.
- The main challenge is taking treatment closer to people to avoid travelling for longer distances to access medication.
- Employed an M & E Officer to monitor how programmes are progressing.
- Resource mobilisation is the remaining challenge however a new elected board is very forthcoming in resource mobilisation.
BUNERELA+

- The political terrain in the country makes it difficult to focus on sensitive issues like LGBTIQ+.
- INERELA+ Secretariat to inform country networks on potential donors so that they can write proposals.
- The Secretariat to develop a reporting tool that should be shared with country networks for easy reporting.
- The network proposes collaboration of country networks through exchanging visits.
- BUNERELA + worked on sensitizing the religious Leaders and the community members to reduce stigma of people living with HIV & AIDS (1.500 (950 female and 550 male) per communities mediators.
- The network conducts counselling services which saw the counselling of (120)75 female 45male.
- Community Home Based Care Workers conduct home visits and follow-up visits with the mandate of: HIV awareness (including the importance of screening); make referrals; monitor the use of antiretroviral therapy by pregnant mothers and accompany them during skilled births; monitoring compliance of HIV-positive pregnant women with ANC and PMTCT programs, 1.339 visits (382 to men and 957 to women)
- HIV screening in church communities.
- Fighting against sexual and gender-based violence through female religious leaders who were trained in 2017 (1.200 female, 400 male)

Rwanda

- The country network proposes the development of a sharing portal by the Secretariat for country networks.

CONERELA+

- CONERELA + actively participated in the Advocacy Consortium for the access of minors to HIV testing without the consent of their parents.
- Advocacy with PEPFAR to integrate COP19 activities with religious leaders in the fight against stigma.
• CONERELA + is working towards the establishment of House of Rainbow in the DRC.
• CONERELA+ in collaboration with House of Rainbow and Jeunilliassime organized Day of exchange with religious leaders on the inclusion of LGBTIQ+.
• CONERELA+ is working in collaboration with MSF organize sensitization with religious leaders on therapeutic education in order to avoid forcing believers PLWHIV to give up treatment.
• CONERELA + is part of a network of PLWHIV organizations, advocacy consortium, civil society member of CCM, CONERELA + is part of interfaith committee for the fight against HIV / DRC, EHAIA Central Africa.
• CONERELA + represented civil society at COP19

ZANERELA+

• The country network suggests that board members must not be appointed on permanent basis because they will act as barriers to potential funders and that for the sake of international recognition, country networks must appoint competent board members.
• The Secretariat must facilitate learning exchange forums between country networks on how boards are run.
• Forming consortiums is becoming recognised by potential donors, therefore country networks must strive to form consortiums for funding opportunities.
• The LGBTIQ+ issue should be integrated in all programmes for the eradication of stigma and in countries where the environment is not conducive, country networks should be guided by their wisdom.
• On resource mobilisation, Zambia proposes that creating partnerships is very crucial so that in the event of call for proposals they will alert you.
• When reporting country networks should not only focus on outcomes but on the impact that the implementation creates.
• Formed a proposal writing team to write proposals every time a call for proposal comes.
• The network is working on strengthening governance structures building capacity for management.
• Proposals should be circulated to country networks from the Secretariat.
• Peer to peer interaction of country networks for coordinators to learn from each other.
• Use of technology like webinars and other platforms can be an effective way of curbing the cutting of resources.
• INERELA+ to develop a portal for country networks to report back on what they are doing.

DAY 2 - Recap of the previous day session

The day commenced with a recap of the previous day session whereby participants were asked to share what they learnt on the first day.

Devotion

Amber led the devotions with a song, prayer and scripture reading from the book of Deuteronomy.


Ms Grace Kerongo (Former Programme Manager) took the participants through the operational plan and what is expected of them and the following concerns emerged from the session:

• There are four specific areas that affect our country networks including organisational development.
• Kenya had an opportunity to work with men and realised that they have difficulties in accessing health services because of the way they were brought up. Focus Group Discussions revealed that men are left out in health services
hence they realised it’s pointless for them to go to medical facilities, worse still the language used by service providers is disrespectful hence KENERELA+ trained health care providers on how to handle men.

- KENERELA+ took the services to men in fishing areas and brought services to congregations after realising that there were no mechanism for male engagement.
- People were getting medicine but there was no psychosocial support rendered to them.
- ZINERELA+ conducted HIV testing services with the aid of NAC and PSI at taverns targeting men but in the process women sex workers were also tested.
- KENERELA+ conducted a general health check-up whereby people were tested and checked free for different ailments including HIV testing.
- DRC carried out HIV Counselling and testing whereby they could test one partner who will bring his/her partners for testing. This project was sponsored by PEPFAR.
- Country Networks to use RLs to identify the elderly women when conducting HIV Testing Services because there is an assumption that elderly people are free from HIV and STIs.
- Dennis raised that people are not supposed to be lop-sided talking about the negatives of HTS but they must see that there are opportunities that comes with challenges.
- KENERELA+ works with Sunday school teachers to address issues of SRHR.
- When planning to conduct dialogues, country networks should look for the most cost-effective ways for instance, partnering with churches, city councils and donors with boardrooms which they can use to cut costs.
- Country networks to work on their budgets depending on the activities shown on the operational plan and send it to the Secretariat.
Challenges faced when inviting MPs to meetings and dialogues.

- They demand too high per diems.
- They are not always available.
- Some dialogues are sensitive like the LGBTIQ+.

How to handle challenges

- Informing the participants of your rates before the dialogue so that they can choose to attend or not to attend.
- You can go to their offices to have meetings with them instead of you calling them to your meetings.
- Agreeing on giving them a per diem that is slightly higher than other participants.
- Bring people who can be accommodated by your budget.
- Conducting meetings with partners so that they can help you to cover some expenses.
- Planning a meeting around mid-day so that you can cut the costs of food.

Monitoring and Evaluation Challenges

- Challenges in terms of documentation because of lack of machinery to record and take high quality photos.
- Lack of capacity by RLs to document key issues.
- Understanding the key concepts of reporting.
- Setting realistic time lines as RLs are having tight schedules.
- Women are screened but when they test positive, there are difficulties in following PMTCT because men are a block.
DAY 3 - Meeting with the KENERLA+ Team

Venue: KENERLA+ Office, Nairobi

The INERELA+ Secretariat team visited the KENERLA+ office on the 15th of May and had a meeting with KENERLA+ staff which was attended by 14 people. Also in attendance was Mrs Mercy Acquah-Hayford the national Coordinator of INERELA+ Ghana who was on a learning exchange visit to learn from KENERELA+. The meeting commenced with a devotion which was trailed by a brief background of KENERLA+ from the National Coordinator Rev Jane N’gan’ga. Rev Jane noted that KENERLA+ mainly works with religious leaders, volunteers, government, the National AIDS Control Council (NACC), ministry of education, ministry of health and other organisations. KENERELA+ utilises the framework for dialogue on stigma and discrimination reduction through the utilisation the SAVE Toolkit as a master tool for engagement. KENERELA+ also uses the lettering technique whereby children are requested to write letters to various people and stakeholders expressing their grievances for instance to the first lady, pharmaceutical companies on issues related to teenage pregnancy, FGM, TB, HIV prevention and ASRHR. Currently, KENERELA+ is negotiating with the government to distribute self-testing kits to religious leaders and is also working with the TB control programme to train religious leaders around the country. Some other areas that KENERELA+ focuses on include; women and land and rights for PLHIV, theological reflections on human rights. However, in Kenya the LGBTIQ+ issue is a no go area as the government doesn’t condone it hence KENERELA+ puts this category of people under the banner of PLHIV. Even in churches, the LGBTIQ+ people are not welcome as they tend to dress in a way that catches the attention of other worshippers. KENERELA+ has a legal team which conducts projects on SRHR and property rights. The team consists of 14 members including; health practitioners, religious leaders, children officers, government officers and the chief of Narok to resolve issues of matrimonial property rights and dispute resolution in a culturally accepted way. KENERELA+ noted that the county of Narok is Masai
dominated and apprehending culprits in the event of a criminal offence is complicated by the fact that these people are always moving from place to place with their herds of cattle.

**DAY 2 - Field Visits**

**First Meeting.**

On Thursday the 16th, the INERELA+ Secretariat team made three field visits. The first visit was to GECK Calvary temple in Nairobi where the INERELA+ team mingled with a group of youths who are working with KENERELA+ on a programme called ER & IS which stands for Encouraging, Responsibility & Igniting, and Self-control. 17 people were in attendance. The programme commenced in 2015 and is a flagship of INERELA+ Kenya to bring out sexuality issues affecting young people. It is composed of different youths from various places around Nairobi. The meeting was chaired by Brian Otieno who is one of the youth leading the programme. Pastor Felix who was the host says, "Nobody wanted to test so we encourage testing leading by example to discourage the existing norm that HIV is a demon.” Pastor Felix noted that he preaches of HIV & AIDS in sermons with the assistance of KENERELA+’s IEC materials and they conduct community outreach programmes targeting kids of 9years and above to know their HIV status, however with the consent of parents for kids below the legal age of majority act. They use music, games and movies as a way of luring young people to attend their outreaches whereupon they will introduce HIV testing. The programme also covers topics to do with drug and alcohol abuse as well as pornography. David one of the coordinators conducts his work in prisons targeting juvenile prisoners and in 2016, he reached 350 inmates and 2000 young people out of prisons sensitising them on HIV & AIDS, drug addiction, life skills, SGBV, peer counselling, human rights and SRHR. They offer courses to juvenile prisoners and they are given a certificate of completion. Courtesy of this training, the prison introduced HIV testing and this training also helped in reducing crime rates. This programme also target juveniles who are bitter with their parents for incarceration and they facilitate one to one talk of parents and their kids. One of the youth who works on this programme is Jessie who mentioned that their target is young people in schools, churches and universities but the challenge with HIV in the church is that it is a sensitive topic. However, despite the successes of the ER
&IS programme noted above, there are challenges that plague effective implementation of this programme which include: shortage of resources and finance, level of education, language barrier and hindrance from senior religious leaders.

**Second Meeting -**

**Start: 12:30hrs** The second meeting was conducted at the PCEA church in Ruiru at 12:30hrs with 14 people in attendance. The meeting was between the INERELA+ team and the PCEA Health board. The board noted that they focus on the area of HIV & AIDS because Kenya has a high HIV prevalence rate. They teach pregnant women on adherence to medication to reduce the risk of giving birth to HIV positive babies and to avoid giving birth at home. The health board also mentioned that they conduct the following activities:

- Prisons visits every Friday to preach and conduct HIV services.
- Facilitate the passage from boyhood to manhood or girlhood to womanhood by teaching young people on issues related to sexuality and HIV & AIDS.
- Reach young people through social activities and squatter settlements educating them about HIV & AIDS.
- Refer people to government hospitals and clinics for further treatment while facilitating supportive counselling.
- Home-based care and how people on ART are supposed to take care for themselves.
- Has an HIV & AIDS module which is sold at a very menial fee.
- Blood pressure checking and other conditions but refer to government hospitals for HIV testing.
- However, Odney noted that while it is very pleasing to have a health board composed of competent people, he prefer the board to be gender sensitive and include men and women of all age groups.
Miss Mercy Acquah-Hayford quizzed the board on their stance on the LGBTIQ+ because health professional are not supposed to discriminate if the LGBTIQ+ are seeking medical services, however the board gave evasive responses and reiterated that they only came across one person (a young lady) who approached them and successfully counselled her to live a straight and is now married to man.

Prison Visit

Arrival: 14:20hrs

The day ended with a visit to Kamiti Youth Correction and Training Centre (KYCTC) in Nairobi. This is one of the places where ER & IS works with young people. In total, there were 149 young people aged between 13 years to 22 years. 44 of them were convicted and 105 were awaiting trial. The INERELA+ team mingled with the juveniles and gave them words of encouragement so that upon their release, they are not supposed to return to a place like prison. Mrs Nomsa Befula of SANERELA+ uttered these sentiments, “We are happy to see you but not happy to see you in a place like this. I advise you to cooperate with your wardens so that upon your release you can go back to school. There are doctors, engineers and many great people among you but I wish to see each other in a better place than prison.” KENERELA+ showed a kind gesture by buying the juveniles over 150 loaves of bread and more than 150 sachets of fresh milk. It was Christmas in May for the juveniles who could hardly hide their excitement by giving effusive appreciation to the INERELA+ team. The INERELA+ team toured the prison with the aid of one of the senior officers. The day ended with a meeting between the INERELA+ team senior staff and the Officer In charge. Though the interaction was very touching to see young people in prison garbs it saves as a stark reminder that programmes targeting young people should be given a priority depending on the availability of funding.
Key Recommendations

In summarizing the key messages on the capacity building workshop, the following key issues emerged as the most critical:

- When planning meetings and dialogues, country networks must be very economic and look for cost-effective ways to curb costs of hiring venues, for instance partnering with stakeholders like city councils, churches, religious leaders and donors so that they can get boardrooms for free or at a menial fee in the event of a meeting.
- Donors are now recognising consortiums more than networks or organisation hence the need for country networks to form consortiums to lure potential funders.
- The INERELA+ Secretariat must develop a sharing portal for country networks to report on the work they are doing.
- The Secretariat to facilitate and fund learning exchange visits for struggling country networks to learn from functional networks.
- Country networks to improve on their monitoring and evaluation systems as it is now a priority for most donors.
- Reporting is done for the purpose of showing the challenges, achievements and progress of the work which is done.

Closing Session

In the closing session, the INERELA+ Program Manager Ms. Munya Mandipaza expressed her gratitude to all the network members and re-emphasized the need to place stakeholders at the centre of their advocacy work. She also highlighted that this training programme was a part of the series of training interventions supported by the secretariat with support from the secretariat. In her remarks, she also noted that as a result of the workshop, she would anticipate:

- An improvement in advocacy and visibility by networks at country and regional level.
- Increased and more targeted resources mobilization and improved M & E strategies.
- An improvement on the cooperation between country networks and the Secretariat.
ANNEXES

Annex: 1

INERELA+ FINANCE AND PROGRAMMES CAPACITY BUILDING WORKSHOP - May 12 – 17, 2019

Venue: Seasons Hotel, Nairobi, Kenya

OBJECTIVES OF THE FINANCE AND PROGRAMMES CAPACITY BUILDING WORKSHOP

In order to further carry out the INERELA+ mandate and improve the program response, INERELA+ has organized a five day Finance and Programmes Capacity Building Workshop – to reflect on the Strategic Plan (2016 – 2018) and map the way forward for the development of Strategic Plan 2019 – 2013. This workshop also aims at providing an opportunity for the network to review, reflect and learn to different elements of its organizational and programing capabilities in the HIV and AIDS response and to train finance officers as well as to be capacitated on financial and Programmes components.

Specifically, the purpose of the meetings are to;

- Provide a platform for dialogue, reflection and action to strengthen INERELA as an institution.
- Strengthen internal and external collaboration and learning among partners within and beyond the network
- Brainstorm ideas for the development of the new INERELA+ strategic plan.

**Workshop Program**

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<th>Time</th>
<th>Activity</th>
<th>Methodology</th>
<th>Resource Person</th>
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<tbody>
<tr>
<td>0830 – 09.00 hrs</td>
<td>• Morning Devotion&lt;br&gt; • Introductions</td>
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<td>Malawi</td>
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<td>0900 - 00 –09.30hrs</td>
<td>• Official Welcoming&lt;br&gt; • Opening Remarks&lt;br&gt; • Expectations</td>
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<td>KENERELA+&lt;br&gt; Rev Phumzile Mabizela&lt;br&gt; Country Networks</td>
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<td>09.30 – 09.45hrs</td>
<td>• Overview Of End Term Evaluation Report (Lessons Learnt, Challenges, Recommendations)</td>
<td>Power Point Presentation</td>
<td>Munya - INERELA+</td>
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<td>09.45 – 10.15hrs</td>
<td>• Country Pairs – Discussions (Lessons Learnt, Challenges, Recommendations)</td>
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<td>Country Networks</td>
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<td>10.15 – 11.15 hrs</td>
<td>• Presentations of discussions done by Country Networks</td>
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<td>Country Network Representative</td>
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<td>11.15 - 11.30 hrs</td>
<td>Tea Break</td>
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<td>11.30 – 12.00 hrs</td>
<td>• Joint Session on evaluation report</td>
<td>All</td>
<td>Munya - INERELA+</td>
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<td>12.00- 13.00hrs</td>
<td>• Joint Session – Reporting For Finance and Programs</td>
<td>INERELA+ Finance and Programs Team</td>
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<td>13.00 -14.00 hrs</td>
<td>Lunch</td>
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<td>14.00 hrs- 16: 30hrs</td>
<td>• A report back of work done after the 2018 learning forum, the work they are currently busy with and one success story.&lt;br&gt; • Question and Answer Session</td>
<td>Presentations</td>
<td>Country Networks</td>
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<td>16:30hrs -16.45hrs</td>
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<td><strong>Day 2 - Tuesday May 14, 2019</strong></td>
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</table>
| 08:30-08:30hrs  | • Devotion  
• Recap from Day 1                                      |                   | NINERELA+  
INERELA+       |
| 08.30 - 10:30hrs | • Operational Plan- Who implements what and when. Funders expectations | Presentations     | INERELA+ team   |
| 10:30-11:00hrs  | **Tea Break**                                                          |                   | All              |
| 10:00-13:00hrs  | Discussions on the operational plan                                    | Break Away        | All              |
| 13.00-14:00hrs  | **Lunch**                                                               |                   | All              |
| 14:00-15:00hrs  | Monitoring and Evaluation – Sharing Of Experiences                     | Presentations     | KENERELA+ and MANERELA+ |
| 15:00-16:30hrs  | Discussions around monitoring and evaluation                          | Open discussions  | All              |
| 16:30-16:45hrs  | **Closing Remarks**                                                    |                   |                  |
| **Day 3 – Wednesday, May 15, 2019** |                                                                      |                   |
| 08:30– 13:00 hrs | Meet with Grace and Jane  
Meet with Finance team                                                     |                   | Munya, Regina  
Odney and Calvin |
| 13:00-14.00 hrs |                                                           | Lunch Break       |                  |
| 14:00hrs        |                                                           | End Of Day        |                  |
| **Day 4 - Thursday, May 16 2019** |                                                                     |                   |
| 08:00-16.00hrs  |                                                           | Field Visit       |                  |
| **Day 5 - Friday, May 17 2019** |                                                                     |                   |
|                 |                                                           | Departure         |                  |
Annex 2: List of Participants

<table>
<thead>
<tr>
<th>NAME</th>
<th>SURNAME</th>
<th>COUNTRY</th>
<th>CONTACT NUMBER</th>
<th>EMAIL ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rev Phumzile</td>
<td>Mabizela</td>
<td>Secretariat</td>
<td>+27 82 648 7354</td>
<td><a href="mailto:p.mabizela@inerela.org">p.mabizela@inerela.org</a></td>
</tr>
<tr>
<td>Amber Itohan</td>
<td>Erinmwinhle</td>
<td>Nigeria</td>
<td>+234 803 772 2991</td>
<td><a href="mailto:amberitohan@yahoo.com">amberitohan@yahoo.com</a></td>
</tr>
<tr>
<td>Okon Owai</td>
<td>Ekpe</td>
<td>Nigeria</td>
<td>+234 806 348 8023</td>
<td><a href="mailto:peter_owai@yahoo.com">peter_owai@yahoo.com</a></td>
</tr>
<tr>
<td>Gershom</td>
<td>Kapaluala</td>
<td>Zambia</td>
<td>+260 975 465 352</td>
<td><a href="mailto:gershomkapa@gmail.com">gershomkapa@gmail.com</a></td>
</tr>
<tr>
<td>Stella</td>
<td>Zulu</td>
<td>Zambia</td>
<td>+260 976 279 391</td>
<td><a href="mailto:steilasepo@gmail.com">steilasepo@gmail.com</a></td>
</tr>
<tr>
<td>Celestin</td>
<td>Begirimana</td>
<td>Rwanda</td>
<td>+250 788 536 255</td>
<td><a href="mailto:celestinbigirimana2@gmail.com">celestinbigirimana2@gmail.com</a></td>
</tr>
<tr>
<td>Mercy</td>
<td>Masenyama</td>
<td>Zimbabwe</td>
<td>+263 772 545 890</td>
<td><a href="mailto:mercymasenyama@yahoo.co.uk">mercymasenyama@yahoo.co.uk</a></td>
</tr>
<tr>
<td>Venancio</td>
<td>Tavarwisa</td>
<td>Zimbabwe</td>
<td>+263 783 720 940</td>
<td><a href="mailto:vtavarwisa@yahoo.com">vtavarwisa@yahoo.com</a></td>
</tr>
<tr>
<td>Alli</td>
<td>Mwachande</td>
<td>Malawi</td>
<td>+265 999 870 136</td>
<td><a href="mailto:mwachande@manerela.org">mwachande@manerela.org</a></td>
</tr>
<tr>
<td>Dennis</td>
<td>Mseu</td>
<td>Malawi</td>
<td>+265 999 472 810</td>
<td><a href="mailto:dennismseu@yahoo.co.uk">dennismseu@yahoo.co.uk</a></td>
</tr>
<tr>
<td>Joy</td>
<td>Inabashengezi</td>
<td>Burundi</td>
<td>+257 768 30 968</td>
<td><a href="mailto:inabajoy58@gmail.com">inabajoy58@gmail.com</a></td>
</tr>
<tr>
<td>Tharcisse</td>
<td>Harerimana</td>
<td>Burundi</td>
<td>+243 812 727 731</td>
<td><a href="mailto:burnerela@yahoo.fr">burnerela@yahoo.fr</a></td>
</tr>
<tr>
<td>Cezar</td>
<td>Mombunza</td>
<td>Congo</td>
<td>+243 812 727 731</td>
<td><a href="mailto:cmombunza@gmail.com">cmombunza@gmail.com</a></td>
</tr>
<tr>
<td>Mercy</td>
<td>Acquah- Hayford</td>
<td>Ghana</td>
<td>+233 244 659 407</td>
<td><a href="mailto:mercy.acquahhayford@yahoo.com">mercy.acquahhayford@yahoo.com</a></td>
</tr>
<tr>
<td>Munyaradzi</td>
<td>Mandipaza</td>
<td>Secretariat</td>
<td>+27 71 358 1669</td>
<td><a href="mailto:mmmandipaza@inerela.org">mmmandipaza@inerela.org</a></td>
</tr>
<tr>
<td>Richard</td>
<td>Nyengeri</td>
<td>Secretariat</td>
<td>+27 78 297 5644</td>
<td><a href="mailto:rnyengeri@inerela.org">rnyengeri@inerela.org</a></td>
</tr>
<tr>
<td>Odney</td>
<td>Matsi</td>
<td>Secretariat</td>
<td>+27 82 813 1629</td>
<td><a href="mailto:omatsi@inerela.org">omatsi@inerela.org</a></td>
</tr>
<tr>
<td>Nomsa</td>
<td>Befula</td>
<td>South Africa</td>
<td>+27 73 397 3016</td>
<td><a href="mailto:nomsa@sanerela.org">nomsa@sanerela.org</a>, <a href="mailto:nomsa.befula@yahoo.com">nomsa.befula@yahoo.com</a></td>
</tr>
<tr>
<td>Calvin</td>
<td>Mashate</td>
<td>Secretariat</td>
<td>+27 64 345 8177</td>
<td><a href="mailto:calvin.mashate@inerela.org">calvin.mashate@inerela.org</a></td>
</tr>
<tr>
<td>Jane</td>
<td>Nganga</td>
<td>Kenya</td>
<td>+254 727 556 496</td>
<td><a href="mailto:kenerela@gmail.com">kenerela@gmail.com</a></td>
</tr>
<tr>
<td>William</td>
<td>Sila</td>
<td>Kenya</td>
<td>+254 710 599 565</td>
<td><a href="mailto:mawiaw@inerelakenya.org">mawiaw@inerelakenya.org</a></td>
</tr>
<tr>
<td>Joylyn</td>
<td>Chepkozie</td>
<td>Kenya</td>
<td>+254 725 450 548</td>
<td><a href="mailto:joylyn@inerelakenya.org">joylyn@inerelakenya.org</a></td>
</tr>
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